

# In the United States Court of Federal Claims

## OFFICE OF SPECIAL MASTERS

No. 16-119V

Filed: November 20, 2017

UNPUBLISHED

RAYMOND ROACH, on behalf of  
O.G.R., a minor child,

Petitioner,

v.

SECRETARY OF HEALTH AND  
HUMAN SERVICES,

Respondent.

Special Processing Unit (SPU);  
Damages Decision Based on Proffer;  
Measles Mumps Rubella (MMR)  
Vaccine; Encephalopathy

*Diana Lynn Stadelnikas, Maglio Christopher & Toale, PA, Sarasota, FL, for petitioner.  
Camille Michelle Collett, U.S. Department of Justice, Washington, DC, for respondent.*

### **DECISION AWARDING DAMAGES**<sup>1</sup>

**Dorsey**, Chief Special Master:

On January 27, 2016, petitioner filed a petition for compensation under the National Vaccine Injury Compensation Program, 42 U.S.C. §300aa-10, *et seq.*,<sup>2</sup> (the “Vaccine Act”). Petitioner alleges that O.G.R. was diagnosed with encephalopathy following receipt of Hepatitis A, Haemophilus influenza type B, measles, mumps and rubella (MMR), Prevnar, and varicella vaccinations on February 13, 2013. Petition at 2. The case was assigned to the Special Processing Unit of the Office of Special Masters.

On July 18, 2016, a ruling on entitlement was issued, finding petitioner entitled to compensation for O.G.R.’s encephalopathy injury. On November 17, 2017, respondent filed a proffer on award of compensation (“Proffer”). Respondent proffers that, based upon her review of the evidence of record, petitioner should be awarded:

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<sup>1</sup> Because this unpublished decision contains a reasoned explanation for the action in this case, the undersigned intends to post it on the United States Court of Federal Claims’ website, in accordance with the E-Government Act of 2002. 44 U.S.C. § 3501 note (2012) (Federal Management and Promotion of Electronic Government Services). In accordance with Vaccine Rule 18(b), petitioner has 14 days to identify and move to redact medical or other information, the disclosure of which would constitute an unwarranted invasion of privacy. If, upon review, the undersigned agrees that the identified material fits within this definition, the undersigned will redact such material from public access.

<sup>2</sup> National Childhood Vaccine Injury Act of 1986, Pub. L. No. 99-660, 100 Stat. 3755. Hereinafter, for ease of citation, all “§” references to the Vaccine Act will be to the pertinent subparagraph of 42 U.S.C. § 300aa (2012).

- A. A lump sum in the amount of \$1,191,475.29 paid to Regions Bank, as Trustee of the Grantor Reversionary Trust for the benefit of O.G.R.;
- B. A lump sum in the amount of \$1,043,951.66 paid to the court-appointed guardian(s)/conservator(s) of the estate of O.G.R for the benefit of O.G.R.;
- C. A lump sum payment of \$278,476.84, representing compensation for satisfaction of the State of Oklahoma Medicaid lien; and
- D. An amount sufficient to purchase the annuity contract described above in section II.D.

In the Proffer, respondent represented that petitioner agrees with the proffered award. Based on the record as a whole, the undersigned finds that petitioner is entitled to an award as stated in the Proffer.

Pursuant to the terms stated in the attached Proffer, **the undersigned awards petitioner:**

- A. A lump sum in the amount of \$1,191,475.29 paid to Regions Bank, as Trustee of the Grantor Reversionary Trust for the benefit of O.G.R.;**
- B. A lump sum in the amount of \$1,043,951.66 paid to the court-appointed guardian(s)/conservator(s) of the estate of O.G.R for the benefit of O.G.R.;**
- C. A lump sum payment of \$278,476.84, representing compensation for satisfaction of the State of Oklahoma Medicaid lien payable jointly to petitioner and**

**Oklahoma Health Care Authority  
P.O. Box 18497  
Oklahoma City, Oklahoma 73154  
Attn: Susan L. Eads  
c/o Legal Unit  
OHCA Case No: 502137**

**Petitioner agrees to endorse this payment to the State of Oklahoma.;  
and**

- D. An amount sufficient to purchase the annuity contract described in Proffer Section II.D.**

This amount represents compensation for all damages that would be available under § 300aa-15(a).

The clerk of the court is directed to enter judgment in accordance with this decision.<sup>3</sup>

**IT IS SO ORDERED.**

**s/Nora Beth Dorsey**

Nora Beth Dorsey  
Chief Special Master

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<sup>3</sup> Pursuant to Vaccine Rule 11(a), entry of judgment can be expedited by the parties' joint filing of notice renouncing the right to seek review.

	)	
RAYMOND ROACH, on behalf of	)	
O.G.R., a minor child,	)	
	)	
Petitioner,	)	
	)	
v.	)	No. 16-119V
	)	Chief Special Master Dorsey
SECRETARY OF THE DEPARTMENT OF	)	
HEALTH AND HUMAN SERVICES,	)	
	)	
Respondent.	)	
	)	

- 1 -

awarded all items of compensation set forth in the life care plan and illustrated by the chart attached at Tab A. Petitioner agrees.

B. Lost Future Earnings

The parties agree that based upon the evidence of record, O.G.R. will not be gainfully employed in the future. Therefore, respondent proffers that O.G.R. should be awarded lost future earnings as provided under the Vaccine Act, 42 U.S.C. § 300aa-15(a)(3)(B). Respondent proffers that the appropriate award for O.G.R.'s lost future earnings is \$793,951.66. Petitioner agrees.

C. Pain and Suffering

Respondent proffers that O.G.R. should be awarded \$250,000.00 in actual pain and suffering. See 42 U.S.C. § 300aa-15(a)(4). Petitioner agrees.

D. Past Unreimbursable Expenses

Petitioner represents that he has not incurred past unreimbursable expenses related to O.G.R.'s vaccine-related injury.

E. Medicaid Lien

Respondent proffers that O.G.R. should be awarded funds to satisfy a State of Oklahoma lien in the amount of \$278,476.84, which represents full satisfaction of any right of subrogation, assignment, claim, lien, or cause of action the State of Oklahoma may have against any individual as a result of any Medicaid payments the State of Oklahoma has made to or on behalf of O.G.R. from the date of her eligibility for benefits through the date of judgment in this case as a result of her vaccine-related injury suffered on or about February 13, 2013, under Title XIX of the Social Security Act.

## **II. Form of the Award**

The parties recommend that the compensation provided to O.G.R. should be made through a combination of lump sum payments and future annuity payments as described below, and request that the Chief Special Master's decision and the Court's judgment award the following:<sup>2</sup>

A. A lump sum payment of \$1,191,475.29, representing trust seed funds consisting of the present year cost of compensation for residential facility expenses in Compensation Year 2062 through Compensation Year 2066 (\$949,000.00) and life care expenses in the first year after judgment (\$242,475.29), in the form of a check payable to Regions Bank, as Trustee of the Grantor Reversionary Trust established for the benefit of O.G.R., as set forth in Appendix A: Items of Compensation for O.G.R.;

B. A lump sum payment of \$1,043,951.66, representing compensation for lost future earnings (\$793,951.66) and pain and suffering (\$250,000.00), in the form of a check payable to petitioner as guardian(s)/conservator(s) of O.G.R., for the benefit of O.G.R. No payments shall be made until petitioner provides respondent with documentation establishing that he has been appointed as the guardian(s)/conservator(s) of O.G.R.'s estate. If petitioner is not authorized by a court of competent jurisdiction to serve as guardian of the estate of O.G.R., any such payment shall be made to the party or parties appointed by a court of competent jurisdiction to serve as

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<sup>2</sup> Should O.G.R. die prior to entry of judgment, the parties reserve the right to move the Court for appropriate relief. In particular, respondent would oppose any award for future medical expenses, future lost earnings, and future pain and suffering.

guardian(s)/conservator(s) of the estate of O.G.R. upon submission of written documentation of such appointment to the Secretary.

C. A lump sum payment of \$278,476.84, representing compensation for satisfaction of the State of Oklahoma Medicaid lien, payable jointly to petitioner and

Oklahoma Health Care Authority  
P.O. Box 18497  
Oklahoma City, Oklahoma 73154  
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c/o Legal Unit  
OHCA Case No: 502137

Petitioner agrees to endorse this payment to the State of Oklahoma.

D. An amount sufficient to purchase the annuity contract,<sup>3</sup> subject to the conditions described below, that will provide payments for the life care items contained in the life care plan, as illustrated by the chart at Tab A attached hereto, paid to the life insurance company<sup>4</sup> from which the annuity will be purchased.<sup>5</sup> Compensation for Year Two (beginning on the first

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<sup>3</sup> In respondent's discretion, respondent may purchase one or more annuity contracts from one or more life insurance companies.

<sup>4</sup> The Life Insurance Company must have a minimum of \$250,000,000 capital and surplus, exclusive of any mandatory security valuation reserve. The Life Insurance Company must have one of the following ratings from two of the following rating organizations:

- a. O.G.R. Best Company: A++, A+, A+g, A+p, A+r, or A+s;
- b. Moody's Investor Service Claims Paying Rating: Aa3, Aa2, Aa1, or Aaa;
- c. Standard and Poor's Corporation Insurer Claims-Paying Ability Rating: AA-, AA, AA+, or AAA;
- d. Fitch Credit Rating Company, Insurance Company Claims Paying Ability Rating: AA-, AA, AA+, or AAA.

<sup>5</sup> Petitioner authorizes the disclosure of certain documents filed by the petitioner in this case consistent with the Privacy Act and the routine uses described in the National Vaccine Injury Compensation Program System of Records, No. 09-15-0056.

anniversary of the date of judgment) and all subsequent years shall be provided through respondent's purchase of an annuity, which annuity shall make payments directly to the trustee only so long as O.G.R. is alive at the time a particular payment is due. At the Secretary's sole discretion, the periodic payments may be provided to the trustee in monthly, quarterly, annual or other installments. The "annual amounts" set forth in the chart at Tab A describe only the total yearly sum to be paid to the trustee and do not require that the payment be made in one annual installment.

1. Growth Rate

Respondent proffers that a four percent (4%) growth rate should be applied to all non-medical life care items, and a five percent (5%) growth rate should be applied to all medical life care items. Thus, the benefits illustrated in the chart at Tab A that are to be paid through annuity payments should grow as follows: four percent (4%) compounded annually from the date of judgment for non-medical items, and five percent (5%) compounded annually from the date of judgment for medical items. Petitioner agrees.

2. Life-Contingent Annuity

The trustee will continue to receive the annuity payments from the Life Insurance Company only so long as O.G.R. is alive at the time that a particular payment is due. Written notice shall be provided to the trustee and the Secretary of Health and Human Services and the Life Insurance Company within twenty (20) days of O.G.R.'s death.

3. Guardianship

No payments shall be made until petitioner provides respondent with documentation establishing that he has been appointed as the guardian of O.G.R.'s estate. If petitioner is not authorized by a



court of competent jurisdiction to serve as guardian of the estate of O.G.R., any such payment shall be made to the party or parties appointed by a court of competent jurisdiction to serve as guardian(s)/conservator(s) of the estate of O.G.R. upon submission of written documentation of such appointment to the Secretary.

**III. Summary of Recommended Payments Following Judgment**

A.	Lump Sum paid to Regions Bank, as Trustee of the Grantor Reversionary Trust for the benefit of O.G.R.:	<b>\$1,191,475.29</b>
B.	Lump Sum paid to the court-appointed guardian(s)/conservator(s) of the estate of O.G.R for the benefit of O.G.R.:	<b>\$1,043,951.66</b>
C.	Medicaid Lien:	<b>\$ 278,476.84</b>
D.	An amount sufficient to purchase the annuity contract described above in section II. D.	

Respectfully submitted,

CHAD A. READLER  
Acting Assistant Attorney General

C. SALVATORE D’ALESSIO  
Acting Director  
Torts Branch, Civil Division

CATHARINE E. REEVES  
Deputy Director  
Torts Branch, Civil Division

HEATHER L. PEARLMAN  
Assistant Director  
Torts Branch, Civil Division

/s/Camille M. Collett  
CAMILLE M. COLLETT  
Senior Trial Attorney  
Torts Branch, Civil Division  
U. S. Department of Justice  
P.O. Box 146, Benjamin Franklin Station  
Washington, D.C. 20044-0146  
Direct dial: (202) 616-4098

Dated: November 17, 2017

ITEMS OF COMPENSATION	G.R.	*	Lump Sum Compensation Year 1	Compensation Year 2	Compensation Year 3	Compensation Year 4	Compensation Year 5	Compensation Year 6	Compensation Year 7	Compensation Year 8
			2017	2018	2019	2020	2021	2022	2023	2024
BCBS Premium	5%		4,341.36	4,341.36	4,341.36	4,341.36	4,341.36	4,341.36	4,341.36	4,341.36
BCBS MOP	5%		3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00
Medicare Part A Deductible	5%									
Medicare Part B Premium	5%									
Medicare Part B Deductible	5%									
Medigap	5%									
Medicare Part D	5%									
Primary Care Physician	5%	*								
Mileage: PCP	4%		1.36	1.36	1.36	1.36	1.36	1.36	1.36	1.36
Neurologist	5%	*								
Mileage: Neurologist	4%		10.54	10.54	10.54	10.54	10.54	10.54	10.54	10.54
Neuro Ophthalmologist	5%	*								
Mileage: Neuro Ophthalmologist	4%		74.80	74.80	74.80	74.80	74.80	74.80	74.80	74.80
Nephrology	5%	*								
Mileage: Nephrology	4%		74.80	74.80	74.80	74.80	74.80	74.80	74.80	74.80
Gastroenterologist	5%	*								
Mileage: Gastroenterologist	4%		7.82	7.82	7.82	7.82	7.82	7.82	7.82	7.82
General Surgery	5%	*								
Mileage: General Surgery	4%		9.18	9.18	9.18	9.18	9.18	9.18	9.18	9.18
Orthopedic Surgery	5%	*								
Mileage: Orthopedic Surgery	4%		37.40	37.40	37.40	37.40	37.40	37.40	37.40	37.40
PM&R	5%	*								
Mileage: PM&R	4%		74.80	74.80	37.40	37.40	37.40	37.40	37.40	37.40
Dentist	5%		414.00	414.00	414.00	414.00	414.00	414.00	414.00	414.00
Mileage: Dentist	4%		14.45	14.45	14.45	14.45	14.45	14.45	14.45	14.45
X-rays	5%	*								
Blood Work	5%	*								
Mileage: Blood Work	4%		19.04	19.04	19.04	19.04	19.04	19.04	19.04	19.04
Emergency Room	5%	*								
Care Management	4%		7,740.00	5,160.00	5,160.00	5,160.00	2,580.00	2,580.00	2,580.00	2,580.00
Lactulose	5%	*								
Ciprodex Otic	5%	*								
Keppra	5%	*								
Epaned Oral	5%	*								

ITEMS OF COMPENSATION	G.R.	*	Lump Sum Compensation Year 1	Compensation Year 2	Compensation Year 3	Compensation Year 4	Compensation Year 5	Compensation Year 6	Compensation Year 7	Compensation Year 8
			2017	2018	2019	2020	2021	2022	2023	2024
Nebulizer	5%	*								
Disposable Nebulizer Supplies	5%	*								
Omeprazol	4%		212.92	212.92	212.92	212.92	212.92	212.92	212.92	212.92
Kenalog	5%	*								
Pediasure Peptide	4%	*								
Pediasure	4%	*								
Real Food Blends	4%		4,106.25	4,106.25	4,106.25	4,106.25	4,106.25	4,106.25	4,106.25	4,106.25
Feeding Pump	4%	*								
Gastrostomy Tube Supplies	4%	*								
Diapers	4%		593.18	593.18	593.18	593.18	593.18	593.18	593.18	593.18
Gloves	4%		255.21	255.21	255.21	255.21	255.21	255.21	255.21	255.21
Wipes	4%		156.33	156.33	156.33	156.33	156.33	156.33	156.33	156.33
Disp Underpads	4%		127.71	127.71	127.71	127.71	127.71	127.71	127.71	127.71
Washable Underpads	4%		83.97	83.97	83.97	83.97	83.97	83.97	83.97	83.97
Amazon Prime	4%		99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00
Bibs	4%		36.98	36.98	36.98	36.98	36.98	36.98	36.98	36.98
Physical Therapy	4%	*	2,070.00	2,070.00	2,070.00	2,070.00	2,070.00	2,070.00	2,070.00	2,070.00
Mileage: Physical Therapy	4%		204.00	204.00	204.00	204.00	204.00	204.00	204.00	204.00
Occupational Therapy	4%		4,390.00	4,390.00	4,390.00	4,390.00	4,390.00	4,390.00	4,390.00	4,390.00
Mileage: Occupational Therapy	4%		204.00	204.00	204.00	204.00	204.00	204.00	204.00	204.00
Speech Therapy	4%		4,390.00	4,390.00	4,390.00	4,390.00	4,390.00	4,390.00	4,390.00	4,390.00
Mileage: Speech Therapy	4%		204.00	204.00	204.00	204.00	204.00	204.00	204.00	204.00
Aug Comm Evaluation	4%	*	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
Mileage: Aug Comm Evaluation	4%		4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25
Aug Comm Devices	4%		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Special Needs Camp	4%					300.00	300.00	300.00	300.00	300.00
Overnight Camp	4%					325.00	325.00	325.00	325.00	325.00
Mileage: Camp	4%					68.17	68.17	68.17	68.17	68.17
Wheelchair	4%	*								
Sit & Stander	4%	*								
Shower Chair	4%						300.00	50.00	50.00	50.00
Kid Walk	4%					5,000.00				
Hoyer Lift	4%	*								
Lift Slings	4%							68.00	68.00	68.00

ITEMS OF COMPENSATION	G.R.	*	Lump Sum Compensation Year 1	Compensation Year 2	Compensation Year 3	Compensation Year 4	Compensation Year 5	Compensation Year 6	Compensation Year 7	Compensation Year 8
			2017	2018	2019	2020	2021	2022	2023	2024
AFOs	4%	*								
Orthotic Shoes	4%		600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
Tumblefoam Chair	4%		1,337.67					1,337.67		
Rehab Equipment	4%		800.00					800.00		
Hand Splints	4%		73.32	73.32	73.32	73.32	73.32	73.32	73.32	73.32
Blood Pressure Cuff	4%								23.99	
iPad	4%		799.00					799.00		
iPad Case	4%		19.95					19.95		
Attendant Care	4%		93,960.00	93,960.00	93,960.00	100,440.00	100,440.00	100,440.00	100,440.00	100,440.00
Respite Care	4%		7,560.00	7,560.00	7,560.00	7,560.00	7,560.00	7,560.00	7,560.00	7,560.00
McCarty Cntr	4%		1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00
Attendant Care and Trust Seed	4%		949,000.00							
Ancillary Services-Housekeeping	4%									
Home Mods	4%		73,768.00							
Accessible Van	4%		28,500.00							
Van Mod Maint	4%		200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00
Lost Future Earnings			793,951.66							
Pain and Suffering			250,000.00							
Medicaid Lien			278,476.84							
Annual Totals			2,513,903.79	134,670.67	134,633.27	146,806.44	139,226.44	142,551.06	139,368.43	139,344.44

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to Regions Bank, Trustee of the Grantor Reversionary Trust established for the benefit of O.G.R. for trust seed funds (\$949,000.00) and Year 1 life care expenses (\$242,475.29): \$1,191,475.29.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/ conservator(s) of O.G.R. for lost future earnings (\$793,951.66) and pain and suffering (\$250,000.00): \$1,043,951.66.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the State of Oklahoma, as reimbursement of the state's Medicaid lien: \$278,476.84.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.

Items denoted with an asterisk (\*) covered by health insurance and/or Medicare.

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 9	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16
			2025	2026	2027	2028	2029	2030	2031	2032
BCBS Premium	5%		4,341.36	4,341.36	4,341.36	4,341.36	4,341.36	4,341.36	4,341.36	4,341.36
BCBS MOP	5%		3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00
Medicare Part A Deductible	5%									
Medicare Part B Premium	5%									
Medicare Part B Deductible	5%									
Medigap	5%									
Medicare Part D	5%									
Primary Care Physician	5%	*								
Mileage: PCP	4%		1.36	1.36	1.36	1.36	1.36	1.36	1.36	1.36
Neurologist	5%	*								
Mileage: Neurologist	4%		10.54	10.54	10.54	10.54	10.54	10.54	10.54	10.54
Neuro Ophthalmologist	5%	*								
Mileage: Neuro Ophthalmologist	4%		74.80	74.80	74.80	74.80	74.80	74.80	74.80	74.80
Nephrology	5%	*								
Mileage: Nephrology	4%		74.80	74.80	74.80	74.80	74.80	74.80	74.80	74.80
Gastroenterologist	5%	*								
Mileage: Gastroenterologist	4%		7.82	7.82	7.82	7.82	7.82	7.82	7.82	7.82
General Surgery	5%	*								
Mileage: General Surgery	4%		9.18	9.18	9.18	9.18	9.18	9.18	9.18	9.18
Orthopedic Surgery	5%	*								
Mileage: Orthopedic Surgery	4%		37.40	37.40	37.40	37.40	37.40	37.40		
PM&R	5%	*								
Mileage: PM&R	4%		37.40	37.40	37.40	37.40	37.40	37.40	37.40	37.40
Dentist	5%		414.00	414.00	414.00	414.00	414.00	414.00	414.00	414.00
Mileage: Dentist	4%		14.45	14.45	14.45	14.45	14.45	14.45	14.45	14.45
X-rays	5%	*								
Blood Work	5%	*								
Mileage: Blood Work	4%		19.04	19.04	19.04	19.04	4.08	4.08	4.08	4.08
Emergency Room	5%	*								
Care Management	4%		2,580.00	2,580.00	2,580.00	2,580.00	2,580.00	2,580.00	2,580.00	7,740.00
Lactulose	5%	*								
Ciprodex Otic	5%	*								
Keppra	5%	*								
Epaned Oral	5%	*								

[illegible]

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 9	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16
			2025	2026	2027	2028	2029	2030	2031	2032
AFOs	4%	*								
Orthotic Shoes	4%		600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
Tumblefoam Chair	4%				1,337.67					1,337.67
Rehab Equipment	4%				800.00					800.00
Hand Splints	4%		73.32	73.32	73.32	73.32	73.32	73.32	73.32	73.32
Blood Pressure Cuff	4%							34.90	3.49	3.49
iPad	4%				799.00					799.00
iPad Case	4%				19.95					19.95
Attendant Care	4%		155,520.00	155,520.00	155,520.00	155,520.00	155,520.00	155,520.00	157,140.00	157,140.00
Respite Care	4%		7,560.00	7,560.00	7,560.00	7,560.00	7,560.00	7,560.00	7,560.00	7,560.00
McCarty Cntr	4%		1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00
Attendant Care and Trust Seed	4%									
Ancillary Services-Housekeeping	4%					1,638.00	1,638.00	1,638.00	1,638.00	1,638.00
Home Mods	4%									
Accessible Van	4%				28,500.00					
Van Mod Maint	4%		200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00
Lost Future Earnings										
Pain and Suffering										
Medicaid Lien										
Annual Totals			192,159.40	197,159.40	223,616.02	193,797.40	193,782.44	193,817.34	187,172.86	200,289.48

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to Regions Bank, Trustee of the Grantor Reversionary Trust established for the benefit of O.G.R. for trust seed funds (\$949,000.00) and Year 1 life care expenses (\$242,475.29): \$1,191,475.29.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/ conservator(s) of O.G.R. for lost future earnings (\$793,951.66) and pain and suffering (\$250,000.00): \$1,043,951.66.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the State of Oklahoma, as reimbursement of the state's Medicaid lien: \$278,476.84.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.

Items denoted with an asterisk (\*) covered by health insurance and/or Medicare.



ITEMS OF COMPENSATION	G.R.	*	Compensation Year 17	Compensation Year 18	Compensation Years 19-20	Compensation Year 21	Compensation Year 22	Compensation Year 23	Compensation Year 24	Compensation Year 25
			2033	2034	2035-2036	2037	2038	2039	2040	2041
BCBS Premium	5%		6,836.76	6,836.76	6,836.76	6,864.12	7,000.80	7,164.84	7,431.48	7,650.24
BCBS MOP	5%		3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00
Medicare Part A Deductible	5%									
Medicare Part B Premium	5%									
Medicare Part B Deductible	5%									
Medigap	5%									
Medicare Part D	5%									
Primary Care Physician	5%	*								
Mileage: PCP	4%		1.36	1.36	1.36	1.36	1.36	1.36	1.36	1.36
Neurologist	5%	*								
Mileage: Neurologist	4%		10.54	10.54	10.54	10.54	10.54	10.54	10.54	10.54
Neuro Ophthalmologist	5%	*								
Mileage: Neuro Ophthalmologist	4%		74.80	74.80	74.80	74.80	74.80	74.80	74.80	74.80
Nephrology	5%	*								
Mileage: Nephrology	4%		74.80	74.80	74.80	74.80	74.80	74.80	74.80	74.80
Gastroenterologist	5%	*								
Mileage: Gastroenterologist	4%		7.82	7.82	7.82	7.82	7.82	7.82	7.82	7.82
General Surgery	5%	*								
Mileage: General Surgery	4%		9.18	9.18	9.18	9.18	9.18	9.18	9.18	9.18
Orthopedic Surgery	5%	*								
Mileage: Orthopedic Surgery	4%									
PM&R	5%	*								
Mileage: PM&R	4%		37.40	37.40	37.40	37.40	37.40	37.40	37.40	37.40
Dentist	5%		414.00	414.00	414.00	414.00	414.00	414.00	414.00	414.00
Mileage: Dentist	4%		14.45	14.45	14.45	14.45	14.45	14.45	14.45	14.45
X-rays	5%	*								
Blood Work	5%	*								
Mileage: Blood Work	4%		4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08
Emergency Room	5%	*								
Care Management	4%		5,160.00	5,160.00	5,160.00	5,160.00	5,160.00	5,160.00	5,160.00	5,160.00
Lactulose	5%	*								
Ciprodex Otic	5%	*								
Keppra	5%	*								
Epaned Oral	5%	*								

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ITEMS OF COMPENSATION	G.R.	*	Compensation Year 17	Compensation Year 18	Compensation Years 19-20	Compensation Year 21	Compensation Year 22	Compensation Year 23	Compensation Year 24	Compensation Year 25
			2033	2034	2035-2036	2037	2038	2039	2040	2041
AFOs	4%	*								
Orthotic Shoes	4%		600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
Tumblefoam Chair	4%					1,337.67	267.53	267.53	267.53	267.53
Rehab Equipment	4%					800.00	160.00	160.00	160.00	160.00
Hand Splints	4%		73.32	73.32	73.32	73.32	73.32	73.32	73.32	73.32
Blood Pressure Cuff	4%		3.49	3.49	3.49	3.49	3.49	3.49	3.49	3.49
iPad	4%					799.00	159.80	159.80	159.80	159.80
iPad Case	4%					19.95	3.99	3.99	3.99	3.99
Attendant Care	4%		157,140.00							
Respite Care	4%		7,560.00							
McCarty Cntr	4%		1,000.00							
Attendant Care and Trust Seed	4%			189,800.00	189,800.00	189,800.00	189,800.00	189,800.00	189,800.00	189,800.00
Ancillary Services-Housekeeping	4%		1,638.00	1,638.00	1,638.00	1,638.00	1,638.00	1,638.00	1,638.00	1,638.00
Home Mods	4%			73,768.00						
Accessible Van	4%					28,500.00	2,850.00	2,850.00	2,850.00	2,850.00
Van Mod Maint	4%		200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00
Lost Future Earnings										
Pain and Suffering										
Medicaid Lien										
Annual Totals			192,248.26	290,116.26	216,348.26	247,832.24	224,953.62	220,950.99	221,217.63	221,436.39

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to Regions Bank, Trustee of the Grantor Reversionary Trust established for the benefit of O.G.R. for trust seed funds (\$949,000.00) and Year 1 life care expenses (\$242,475.29): \$1,191,475.29.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/ conservator(s) of O.G.R. for lost future earnings (\$793,951.66) and pain and suffering (\$250,000.00): \$1,043,951.66.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the State of Oklahoma, as reimbursement of the state's Medicaid lien: \$278,476.84.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.

Items denoted with an asterisk (\*) covered by health insurance and/or Medicare.

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 26	Compensation Year 27	Compensation Year 28	Compensation Year 29	Compensation Year 30	Compensation Year 31	Compensation Year 32	Compensation Years 33-45
			2042	2043	2044	2045	2046	2047	2048	2049-2061
BCBS Premium	5%		7,759.68	7,923.72	8,087.88	8,190.36	8,299.80	8,354.52	8,409.12	
BCBS MOP	5%		3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	
Medicare Part A Deductible	5%									1,316.00
Medicare Part B Premium	5%									1,608.00
Medicare Part B Deductible	5%									183.00
Medigap	5%									3,147.00
Medicare Part D	5%									406.00
Primary Care Physician	5%	*								
Mileage: PCP	4%		1.36	1.36	1.36	1.36	1.36	1.36	1.36	1.36
Neurologist	5%	*								
Mileage: Neurologist	4%		10.54	10.54	10.54	10.54	10.54	10.54	10.54	10.54
Neuro Ophthalmologist	5%	*								
Mileage: Neuro Ophthalmologist	4%		74.80	74.80	74.80	74.80	74.80	74.80	74.80	74.80
Nephrology	5%	*								
Mileage: Nephrology	4%		74.80	74.80	74.80	74.80	74.80	74.80	74.80	74.80
Gastroenterologist	5%	*								
Mileage: Gastroenterologist	4%		7.82	7.82	7.82	7.82	7.82	7.82	7.82	7.82
General Surgery	5%	*								
Mileage: General Surgery	4%		9.18	9.18	9.18	9.18	9.18	9.18	9.18	9.18
Orthopedic Surgery	5%	*								
Mileage: Orthopedic Surgery	4%									
PM&R	5%	*								
Mileage: PM&R	4%		37.40	37.40	37.40	37.40	37.40	37.40	37.40	37.40
Dentist	5%		414.00	414.00	414.00	414.00	414.00	414.00	414.00	414.00
Mileage: Dentist	4%		14.45	14.45	14.45	14.45	14.45	14.45	14.45	14.45
X-rays	5%	*								
Blood Work	5%	*								
Mileage: Blood Work	4%		4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08
Emergency Room	5%	*								
Care Management	4%		5,160.00	5,160.00	5,160.00	5,160.00	5,160.00	5,160.00	5,160.00	5,160.00
Lactulose	5%	*								
Ciprodex Otic	5%	*								
Keppra	5%	*								
Epaned Oral	5%	*								

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ITEMS OF COMPENSATION	G.R.	*	Compensation Year 26	Compensation Year 27	Compensation Year 28	Compensation Year 29	Compensation Year 30	Compensation Year 31	Compensation Year 32	Compensation Years 33-45
			2042	2043	2044	2045	2046	2047	2048	2049-2061
AFOs	4%	*								
Orthotic Shoes	4%		600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
Tumblefoam Chair	4%		267.53	267.53	267.53	267.53	267.53	267.53	267.53	267.53
Rehab Equipment	4%		160.00	160.00	160.00	160.00	160.00	160.00	160.00	160.00
Hand Splints	4%		73.32	73.32	73.32	73.32	73.32	73.32	73.32	73.32
Blood Pressure Cuff	4%		3.49	3.49	3.49	3.49	3.49	3.49	3.49	3.49
iPad	4%		159.80	159.80	159.80	159.80	159.80	159.80	159.80	159.80
iPad Case	4%		3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99
Attendant Care	4%									
Respite Care	4%									
McCarty Cntr	4%									
Attendant Care and Trust Seed	4%		189,800.00	189,800.00	189,800.00	189,800.00	189,800.00	189,800.00	189,800.00	189,800.00
Ancillary Services-Housekeeping	4%		1,638.00	1,638.00	1,638.00	1,638.00	1,638.00	1,638.00	1,638.00	1,638.00
Home Mods	4%									
Accessible Van	4%		2,850.00	2,850.00	2,850.00	2,850.00	2,850.00	2,850.00	2,850.00	2,850.00
Van Mod Maint	4%		200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00
Lost Future Earnings										
Pain and Suffering										
Medicaid Lien										
Annual Totals			221,545.83	221,709.87	221,874.03	221,976.51	222,085.95	222,140.67	222,195.27	217,146.15

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to Regions Bank, Trustee of the Grantor Reversionary Trust established for the benefit of O.G.R. for trust seed funds (\$949,000.00) and Year 1 life care expenses (\$242,475.29): \$1,191,475.29.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/ conservator(s) of O.G.R. for lost future earnings (\$793,951.66) and pain and suffering (\$250,000.00): \$1,043,951.66.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the State of Oklahoma, as reimbursement of the state's Medicaid lien: \$278,476.84.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.

Items denoted with an asterisk (\*) covered by health insurance and/or Medicare.

ITEMS OF COMPENSATION	G.R.	*	Compensation Years 46-50	Compensation Years 51-60	Compensation Years 61-Life
			2062-2066	2067-2076	2077-Life
BCBS Premium	5%				
BCBS MOP	5%				
Medicare Part A Deductible	5%		1,316.00	1,316.00	
Medicare Part B Premium	5%		1,608.00	1,608.00	1,608.00
Medicare Part B Deductible	5%		183.00	183.00	183.00
Medigap	5%		3,147.00	3,147.00	1,707.48
Medicare Part D	5%		406.00	406.00	406.00
Primary Care Physician	5%	*			
Mileage: PCP	4%		1.36	1.36	1.36
Neurologist	5%	*			
Mileage: Neurologist	4%		10.54	10.54	10.54
Neuro Ophthalmologist	5%	*			
Mileage: Neuro Ophthalmologist	4%		74.80	74.80	74.80
Nephrology	5%	*			
Mileage: Nephrology	4%		74.80	74.80	74.80
Gastroenterologist	5%	*			
Mileage: Gastroenterologist	4%		7.82	7.82	7.82
General Surgery	5%	*			
Mileage: General Surgery	4%		9.18	9.18	9.18
Orthopedic Surgery	5%	*			
Mileage: Orthopedic Surgery	4%				
PM&R	5%	*			
Mileage: PM&R	4%		37.40	37.40	37.40
Dentist	5%		414.00	414.00	414.00
Mileage: Dentist	4%		14.45	14.45	14.45
X-rays	5%	*			
Blood Work	5%	*			
Mileage: Blood Work	4%		4.08	4.08	4.08
Emergency Room	5%	*			
Care Management	4%		5,160.00	5,160.00	5,160.00
Lactulose	5%	*			
Ciprodex Otic	5%	*			
Keppra	5%	*			
Epaned Oral	5%	*			

ITEMS OF COMPENSATION	G.R.	*	Compensation Years 46-50	Compensation Years 51-60	Compensation Years 61-Life
			2062-2066	2067-2076	2077-Life
Nebulizer	5%	*			
Disposable Nebulizer Supplies	5%	*			
Omeprazol	4%		212.92	212.92	212.92
Kenalog	5%	*			
Pediasure Peptide	4%	*			
Pediasure	4%	*			
Real Food Blends	4%		4,106.25	4,106.25	4,106.25
Feeding Pump	4%	*			
Gastrostomy Tube Supplies	4%	*			
Diapers	4%		2,762.14	2,762.14	2,762.14
Gloves	4%		255.21	255.21	255.21
Wipes	4%		156.33	156.33	156.33
Disp Underpads	4%		127.71	127.71	127.71
Washable Underpads	4%		83.97	83.97	83.97
Amazon Prime	4%		99.00	99.00	99.00
Bibs	4%		36.98	36.98	36.98
Physical Therapy	4%	*			
Mileage: Physical Therapy	4%		25.50	25.50	25.50
Occupational Therapy	4%				
Mileage: Occupational Therapy	4%				
Speech Therapy	4%				
Mileage: Speech Therapy	4%				
Aug Comm Evaluation	4%	*			
Mileage: Aug Comm Evaluation	4%		4.25	4.25	4.25
Aug Comm Devices	4%		100.00	100.00	100.00
Special Needs Camp	4%				
Overnight Camp	4%				
Mileage: Camp	4%				
Wheelchair	4%	*			
Sit & Stander	4%	*			
Shower Chair	4%		50.00	50.00	50.00
Kid Walk	4%		833.33	833.33	833.33
Hoyer Lift	4%	*			
Lift Slings	4%		68.00	68.00	68.00



ITEMS OF COMPENSATION	G.R.	*	Compensation Years 46-50	Compensation Years 51-60	Compensation Years 61-Life
			2062-2066	2067-2076	2077-Life
AFOs	4%	*			
Orthotic Shoes	4%		600.00	600.00	600.00
Tumblefoam Chair	4%		267.53	267.53	267.53
Rehab Equipment	4%		160.00	160.00	160.00
Hand Splints	4%		73.32	73.32	73.32
Blood Pressure Cuff	4%		3.49	3.49	3.49
iPad	4%		159.80	159.80	159.80
iPad Case	4%		3.99	3.99	3.99
Attendant Care	4%				
Respite Care	4%				
McCarty Cntr	4%				
Attendant Care and Trust Seed	4%		-	189,800.00	189,800.00
Ancillary Services-Housekeeping	4%		1,638.00	1,638.00	1,638.00
Home Mods	4%				
Accessible Van	4%		2,850.00	2,850.00	2,850.00
Van Mod Maint	4%		200.00	200.00	200.00
Lost Future Earnings					
Pain and Suffering					
Medicaid Lien					
Annual Totals			27,346.15	217,146.15	214,390.63

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to Regions Bank, Trustee of the Grantor Reversionary Trust established for the benefit of O.G.R. for trust seed funds (\$949,000.00) and Year 1 life care expenses (\$242,475.29): \$1,191,475.29.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/ conservator(s) of O.G.R. for lost future earnings (\$793,951.66) and pain and suffering (\$250,000.00): \$1,043,951.66.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the State of Oklahoma, as reimbursement of the state's Medicaid lien: \$278,476.84.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.

Items denoted with an asterisk (\*) covered by health insurance and/or Medicare.